

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		0000	20199
O.I.P.C. CLASSIFICATION	C	10	30-19
FORMALITY REVIEW	C	10	30-19

INDEX OF CLAIMS

Rejected N
 Allowed A
 Through numerical Canceled C
 Restricted R
 Objected O

Claim	Original	Date	Claim	Original	Date	Claim	Original	Date
1	1		51	51		101	101	
2	2		52	52		102	102	
3	3		53	53		103	103	
4	4		54	54		104	104	
5	5		55	55		105	105	
6	6		56	56		106	106	
7	7		57	57		107	107	
8	8		58	58		108	108	
9	9		59	59		109	109	
10	10		60	60		110	110	
11	11		61	61		111	111	
12	12		62	62		112	112	
13	13		63	63		113	113	
14	14		64	64		114	114	
15	15		65	65		115	115	
16	16		66	66		116	116	
17	17		67	67		117	117	
18	18		68	68		118	118	
19	19		69	69		119	119	
20	20		70	70		120	120	
21	21		71	71		121	121	
22	22		72	72		122	122	
23	23		73	73		123	123	
24	24		74	74		124	124	
25	25		75	75		125	125	
26	26		76	76		126	126	
27	27		77	77		127	127	
28	28		78	78		128	128	
29	29		79	79		129	129	
30	30		80	80		130	130	
31	31		81	81		131	131	
32	32		82	82		132	132	
33	33		83	83		133	133	
34	34		84	84		134	134	
35	35		85	85		135	135	
36	36		86	86		136	136	
37	37		87	87		137	137	
38	38		88	88		138	138	
39	39		89	89		139	139	
40	40		90	90		140	140	
41	41		91	91		141	141	
42	42		92	92		142	142	
43	43		93	93		143	143	
44	44		94	94		144	144	
45	45		95	95		145	145	
46	46		96	96		146	146	
47	47		97	97		147	147	
48	48		98	98		148	148	
49	49		99	99		149	149	
50	50		100	100		150	150	

If more than 150 claims or 10 actions
 staple additional sheet here

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